

<b>Case Number:</b>	CM15-0098776		
<b>Date Assigned:</b>	06/01/2015	<b>Date of Injury:</b>	01/07/2013
<b>Decision Date:</b>	07/02/2015	<b>UR Denial Date:</b>	04/20/2015
<b>Priority:</b>	Standard	<b>Application Received:</b>	05/21/2015

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: California

Certification(s)/Specialty: Preventive Medicine, Occupational Medicine

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 27 year old female, who sustained an industrial injury on 1/07/2013, due to lifting a 30 pound bag of coin. The injured worker was diagnosed as having chronic myofascial sprain/strain of lumbosacral spine, lumbar degenerative disc disease, and L5-S1 radiculopathy. Treatment to date has included diagnostics, physical therapy, epidural injection, acupuncture, and medications. Currently (3/05/2015), the injured worker complains of low back pain, radiating to the right lower extremity. Current pain level was 8. Pain was rated 6/10 with medication and 10/10 without. It was documented that pain was worsening. Magnetic resonance imaging of the lumbar spine was referenced. The use of Relafen was noted since at least 10/2014. She was also taking Norco three to four times daily. Physical exam noted tenderness to palpation from L3-S1, with stiffness and spasm, painful and limited range of motion, and decreased lordosis. She was dispensed Norco, Relafin, Robaxin, and Gabapentin. Work status remained modified.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Retro Relafen 750mg #60:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs Page(s): 67-68, 72.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines 9792.20 9792.26 Page(s): 67-73.

**Decision rationale:** The MTUS recommends NSAIDs at the lowest dose for the shortest period in patients with moderate to severe pain. NSAIDs appear to be superior to acetaminophen, particularly for patients with moderate to severe pain. There is no evidence of long-term effectiveness for pain or function. The medical record contains no documentation of functional improvement. Retro Relafen 750mg #60 is not medically necessary.